IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Dave S.B. HOON
Serial No: 10/809,965
Confirmation No.: 7891
Filed: March 25, 2004

Filed: March 25, 2004

For: DNA MARKERS FOR MANAGEMENT OF CANCER

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

Art Unit: 1637

Examiner: Suryaprabha Chunduru

I hereby certify that this correspondence is being transmitted via electronic filing on the date indicated below to:

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450 June 6, 2008

Rebecca Maiden

Same

August Maiden 06/06/08
Signature Date

The fee has been calculated as shown below: (Col. 2) (Col. 1) (Col. 3) CLAIMS REMAINING HIGHEST NUMBER PRESENT LG/SM ADD'L AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA* \$ ENTITY FEE FEE DUE LG=\$50 TOTAL CLAIMS FEE 19 -20 ٥ \$25 S n SM=\$25 INDEPENDENT 11 .3 14 LG=\$210 n \$105 0 CLAIMS FEE SM=\$105 LARGE ENTITY FEE = \$370 FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIMS n SMALL ENTITY FEE = \$185 ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 2 0 SHEETS TOTAL 0 s

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space. The "Highest Number Previously Paid For IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number cloud from the equivalent loss on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ -0- to cover the additional claims fee is enclosed.

A check in the amount of \$ -0- to cover the extension fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Date: June 6, 2008

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067 Telephone: (310) 785-4600 Facsimile: (310) 785-4601 Respectfully submitted, HOGAN & HARTSON L.L.P.

Natalie A. Davis

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